

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H94222** (7)

1. Corporation Name

ITALIAN INN, INC.



Principal Place of Business: **11040 MIDDLE BEACH RD. PANAMA CITY BEACH FL 32407**
Mailing Address: **11040 MIDDLE BEACH RD. PANAMA CITY BEACH FL 32407**

3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2644566	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BRUDNICKI, GREG
11040 MIDDLE BEACH RD.
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BRUDNICKI, ADAM
STREET ADDRESS	11040 MIDDLE BEACH RD.
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BRUDNICKI, JOAN
STREET ADDRESS	1338 HARRISON AVE., #5
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRUDNICKI, JEFFREY
STREET ADDRESS	11040 MIDDLE BEACH RD.
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRUDNICKI, MATTHEW
STREET ADDRESS	11040 MIDDLE BEACH RD.
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BRUDNICKI, GREG
STREET ADDRESS	11040 MIDDLE BEACH RD
CITY - ST - ZIP	PANAMA CITY BECH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Blisk - Greg Brudnicki 4/29/96 904-769-3395
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)